Parkinson's Care and Support UK
GP'S Referral Form- Parkinson's CBT Service

PRIVATE AND CONFIDENTIAL
Section 1 (to be completed by the patient)

Patient Details

Title: ☐ Mr. ☐ Mrs. ☐ Miss. ☐ Ms. ☐ Dr. ☐ Rev. ☐ Prof. ☐ Mx.

First Name: _____

Last Name: _____

NHS Number: _____

Date of Birth: _____

Address Line 1: _____

Address Line 2: _____

Town/City: _____

County: _____

Postcode: _____

Home contact number: _____

Permission to leave voicemail on home phone: ☐ Yes ☐ No

Mobile contact number: _____

Permission to leave voicemail on mobile: ☐ Yes ☐ No

Email: _____

Gender ☐ Male. ☐ Female. ☐ Not known. ☐ Other

Is this the patient's birth gender? ☐ Yes ☐ No

If NO how does the patient identify? _____

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Sexual Orientation please select: ☐ Heterosexual ☐ Lesbian or gay ☐ Bi-sexual

Is the patient pregnant or have they given birth in the last 12 months? ☐ Yes ☐ No

If yes, please specify

Is a translator necessary? ☐ Yes ☐ No

Section 2 (to be completed by the GP)

GP's Details

GP First Name: _____

GP Last Name: _____

Name of Practice: _____

Practice Address Line 1: _____

Practice Address Line 2: _____

Town/City: _____

County: _____

Postcode: _____

Email Address: _____

Phone Number: _____

Date of Referral: _____

Parkinson's

When was the patient diagnosed with Parkinson's?

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What medication is the patient currently taking?

Is the patient undergoing any other therapies for Parkinson's? ☐ Yes ☐ No

If yes, please provide details:

Anxiety

Does the patient suffer from Anxiety? ☐ Yes ☐ No

If Yes, when was the patient first diagnosed?

How would you describe the patient's Anxiety? ☐ Mild ☐ Moderate ☐ Severe

Please provide details of all treatments the patient has received for Anxiety since diagnosis

Have any of the above treatments for Anxiety been successful? ☐ Yes ☐ No

If yes, which please provide more details including length of treatments.

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Does the patient suffer from Depression? ☐ Yes ☐ No

If Yes, when were they first diagnosed?

How would you describe the patient's Depression? ☐ Mild ☐ Moderate ☐ Severe

Please provide details of all treatments the patient has received for Depression since diagnosis.

Mental Health

Does the patient have a history of any mental health condition other than Anxiety or Depression? ☐ Yes ☐ No

If yes, please provide further details including dates diagnosed and duration of illness.

Is the patient at risk of self-harm? ☐ Yes ☐ No

If yes, please provide further details:

Apart from Parkinson's Disease, does the patient have any other diagnosed Long-Term Health Conditions? ☐ Yes ☐ No

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Has the patient ever considered self-harm? ☐ Yes ☐ No

If yes, provide further details:

If Yes, please state and give a brief description of the long-term condition:

Are any of the patient's long- term conditions impacting on their emotional health? ☐ Yes ☐ No

If Yes, please describe the impact:

Does the patient have any other disabilities or special access requirements? (e.g. visual impairment, Hearing difficulties, mobility issues, learning difficulties). Please specify:

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Referral Reason:

Please detail reasons for referral for CBT, including existing and historic mental health diagnoses.

_____

_____

_____

Do you deem the patient to be suitable for CBT? ☐ Yes ☐ No

If Yes, why?

_____

_____

_____

Has the patient received CBT Therapy Treatment before? ☐ Yes ☐ No

If yes, When? _____ **How long?** _____

Who With? _____

What was the outcome?

_____

_____

Do you deem the patient to be suitable for accessing and engaging in digital therapies? ☐ Yes ☐ No

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Section 3

Risk

Please note that we rely on information to judge the urgency of a referral and suitability for therapy. If this form is incomplete, we are not able to process the referral.

Please note that the Parkinson's Care and Support UK CBT service is not an emergency service. In the case of an emergency, we request that the patient contacts their GP or visit their local A&E department.

GP's Name:

GP's Signature **Date:**

Section 4 (to be signed by the patient)
Data Protection and Consent

By applying for the Parkinson's Care and Support UK CBT Service, I consent to:

- My medical information being shared between my GP, Parkinson's Care and Support UK and our therapists
- Confidential information received sent from my GP to Parkinson's Care and Support UK, to be used for all purposes relating to the assessing my application and the carrying out of CBT.

I have read, understood, and acknowledge the information provided in this form to be true and by my signature below, give permission to share my personal data

Patient Name:

Patient Signature: **Date:**

Please return this application by email to: info@parkinsonscare.org.uk

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